

Production Rate Information - 6 Month Period

40 CFR 403.12(e)(3)

*Total # Days of Production during the Six Month Period _____

Pretreatment Year _____

June - November

E = Estimated M = Measured

Product Description	Units	Monthly Production Rates						Six Month Totals	Monthly Average	Daily Average = 6 month total divided by total # of Production days*
		June E / M	July E / M	August E / M	September E / M	October E / M	November E / M			

Facility Operation

Days / Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday	Sunday

Did Production occur outside Normal Hours of Operation? ___ no ___ yes
 if "yes", please explain _____

Have Production Rates significantly changed (+-20%) since the last reporting period? ___ no ___ yes
 if "yes", please explain _____

Does the user anticipate the production rate significantly changing during the next reporting period? ___ no ___ yes
 if "yes", please explain _____

Total Number of Days Process Wastewater was Discharged. _____

Potential Maximum Production Rate _____

Production Rate Information - 6 Month Period

40 CFR 403.12(e)(3)

*Total # Days of Production during the Six Month Period _____

Pretreatment Year _____

December - May

E = Estimated M = Measured

Product Description	Units	Monthly Production Rates						Six Month Totals	Monthly Average	Daily Average = 6 month total divided by total # of Production days*
		December E / M	January E / M	February E / M	March E / M	April E / M	May E / M			

Facility Operation

Days / Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday	Sunday

Did Production occur outside Normal Hours of Operation? ___ no ___ yes
 if "yes", please explain _____

Have Production Rates significantly changed (+-20%) since the last reporting period? ___ no ___ yes
 if "yes", please explain _____

Does the user anticipate the production rate significantly changing during the next reporting period? ___ no ___ yes
 if "yes", please explain _____

Total Number of Days Process Wastewater was Discharged. _____

Potential Maximum Production Rate _____

Batch Discharge Information - 6 Month Period

Pretreatment Year _____

June - November

Source of Wastewater <i>(list where batch discharge waste originated)</i>	# of Occurrences	Average discharge Volume per Batch	Time Batch Routinely Discharged	Flow Rate of Discharge
Daily				
1		gallons/day		
2		gallons/day		
3		gallons/day		
4		gallons/day		
Weekly				
1		gallons/day		
2		gallons/day		
3		gallons/day		
4		gallons/day		
Monthly				
1		gallons/day		
2		gallons/day		
3		gallons/day		
4		gallons/day		

Batch Discharge Information - 6 Month Period

Pretreatment Year _____

December - May

Source of Wastewater <small>(list where batch discharge waste originated)</small>	# of Occurrences	Average discharge Volume per Batch	Time Batch Routinely Discharged	Flow Rate of Discharge
Daily				
1		gallons/day		
2		gallons/day		
3		gallons/day		
4		gallons/day		
Weekly				
1		gallons/day		
2		gallons/day		
3		gallons/day		
4		gallons/day		
Monthly				
1		gallons/day		
2		gallons/day		
3		gallons/day		
4		gallons/day		

Water Flow/Usage Information During Self-Monitoring - 6 Month Period

Pretreatment Year _____

Number of Self-Monitoring Events _____

June - November

Permit Type CSIU ___ SIU ___ *NOTE - SIU's list flow as unregulated

E = Estimated M = Measured

Outfall 001	Sampling Event Date	Sampling Event Date	Sampling Event Date	Sampling Event Date	Sampling Event Date
	(Month / Day / Year)	(Month / Day / Year)	(Month / Day / Year)	(Month / Day / Year)	(Month / Day / Year)
Water Flow/Usage (gallons)	E / M	E / M	E / M	E / M	E / M
Regulated					
*Unregulated					
Dilution					
Total Water Flow/Usage for each of the above discharges for each Sampling Event					

Outfall 002	Sampling Event Date	Sampling Event Date	Sampling Event Date	Sampling Event Date	Sampling Event Date
	(Month / Day / Year)	(Month / Day / Year)	(Month / Day / Year)	(Month / Day / Year)	(Month / Day / Year)
Water Flow/Usage (gallons)	E / M	E / M	E / M	E / M	E / M
Regulated					
*Unregulated					
Dilution					
Total Water Flow/Usage for each of the above discharges for each Sampling Event					

Water Flow/Usage Information During Self-Monitoring - 6 Month Period

Pretreatment Year _____

Number of Self-Monitoring Events _____

December - May

Permit Type CSIU ___ SIU ___ *NOTE - SIU's list flow as unregulated

E = Estimated M = Measured

Outfall 001	Sampling Event Date	Sampling Event Date	Sampling Event Date	Sampling Event Date	Sampling Event Date
	(Month / Day / Year)	(Month / Day / Year)	(Month / Day / Year)	(Month / Day / Year)	(Month / Day / Year)
Water Flow/Usage (gallons)	E / M	E / M	E / M	E / M	E / M
Regulated					
*Unregulated					
Dilution					
Total Water Flow/Usage for each of the above discharges for each Sampling Event					

Outfall 002	Sampling Event Date	Sampling Event Date	Sampling Event Date	Sampling Event Date	Sampling Event Date
	(Month / Day / Year)	(Month / Day / Year)	(Month / Day / Year)	(Month / Day / Year)	(Month / Day / Year)
Water Flow/Usage (gallons)	E / M	E / M	E / M	E / M	E / M
Regulated					
*Unregulated					
Dilution					
Total Water Flow/Usage for each of the above discharges for each Sampling Event					

Self - Monitoring Report - 6 Month Period

Pretreatment Year _____

C = Composite / G = Grab

June - November

* Applies to Categorical Industries (CSIU's) only

Sampling Site ____001 / ____002

** Average sample results taken in same month / also applies to CSIU's only

Samples taken at permitted sampling point ____yes / ____no

Parameters	Permit Limits Daily	* Permit Limits Monthly Average	Sampling Event		Sampling Event		Sampling Event		Sampling Event		** Average Monthly Concentration
			Date ____/____/____	Type C/G	Date ____/____/____	Type C/G	Date ____/____/____	Type C/G	Date ____/____/____	Type C/G	
Arsenic			mg/L		mg/L		mg/L		mg/L		
Cadmium			mg/L		mg/L		mg/L		mg/L		
Chromium			mg/L		mg/L		mg/L		mg/L		
Copper			mg/L		mg/L		mg/L		mg/L		
Lead			mg/L		mg/L		mg/L		mg/L		
Mercury			mg/L		mg/L		mg/L		mg/L		
Molybdenum			mg/L		mg/L		mg/L		mg/L		
Nickel			mg/L		mg/L		mg/L		mg/L		
Selenium			mg/L		mg/L		mg/L		mg/L		
Silver			mg/L		mg/L		mg/L		mg/L		
Zinc			mg/L		mg/L		mg/L		mg/L		
Cyanide			mg/L		mg/L		mg/L		mg/L		
pH (units)			pH units		pH units		pH units		pH units		
Oil & Grease			mg/L		mg/L		mg/L		mg/L		
TTO's			mg/L		mg/L		mg/L		mg/L		

Self - Monitoring Report - 6 Month Period

Pretreatment Year _____

C = Composite / G = Grab

December - May

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Sampling Site ____001 / ____002

** Average sample results taken in same month / also applies to CSIU's only

Samples taken at permitted sampling point ____yes / ____no

Parameters	Permit Limits Daily	* Permit Limits Monthly Average	Sampling Event		Sampling Event		Sampling Event		Sampling Event		** Average Monthly Concentration
			Date ____/____/____	Type C/G	Date ____/____/____	Type C/G	Date ____/____/____	Type C/G	Date ____/____/____	Type C/G	
Arsenic			mg/L		mg/L		mg/L		mg/L		
Cadmium			mg/L		mg/L		mg/L		mg/L		
Chromium			mg/L		mg/L		mg/L		mg/L		
Copper			mg/L		mg/L		mg/L		mg/L		
Lead			mg/L		mg/L		mg/L		mg/L		
Mercury			mg/L		mg/L		mg/L		mg/L		
Molybdenum			mg/L		mg/L		mg/L		mg/L		
Nickel			mg/L		mg/L		mg/L		mg/L		
Selenium			mg/L		mg/L		mg/L		mg/L		
Silver			mg/L		mg/L		mg/L		mg/L		
Zinc			mg/L		mg/L		mg/L		mg/L		
Cyanide			mg/L		mg/L		mg/L		mg/L		
pH (units)			pH units		pH units		pH units		pH units		
Oil & Grease			mg/L		mg/L		mg/L		mg/L		
TTO's			mg/L		mg/L		mg/L		mg/L		

Self - Monitoring Report - 6 Month Period

Pretreatment Year _____

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June - November

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Parameters	Permit Limits Daily	* Permit Limits Monthly Average	Sampling Event		Sampling Event		Sampling Event		Sampling Event		** Average Monthly Concentration
			Date ___/___/___	Type C/G	Date ___/___/___	Type C/G	Date ___/___/___	Type C/G	Date ___/___/___	Type C/G	
Arsenic				mg/L		mg/L		mg/L		mg/L	
Barium				mg/L		mg/L		mg/L		mg/L	
Cadmium				mg/L		mg/L		mg/L		mg/L	
Chromium				mg/L		mg/L		mg/L		mg/L	
Copper				mg/L		mg/L		mg/L		mg/L	
Lead				mg/L		mg/L		mg/L		mg/L	
Mercury				mg/L		mg/L		mg/L		mg/L	
Nickel				mg/L		mg/L		mg/L		mg/L	
Silver				mg/L		mg/L		mg/L		mg/L	
Zinc				mg/L		mg/L		mg/L		mg/L	
Cyanide				mg/L		mg/L		mg/L		mg/L	
pH (units)				pH units		pH units		pH units		pH units	
Oil & Grease				mg/L		mg/L		mg/L		mg/L	
TTO's				mg/L		mg/L		mg/L		mg/L	

Self - Monitoring Report - 6 Month Period

Pretreatment Year _____

C = Composite / G = Grab

December - May

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Sampling Site ____001 / ____002

** Average sample results taken in same month / also applies to CSIU's only

Samples taken at permitted sampling point ____yes / ____no

Parameters	Permit Limits Daily	* Permit Limits Monthly Average	Sampling Event		Sampling Event		Sampling Event		Sampling Event		** Average Monthly Concentration
			Date ___/___/___	Type C/G	Date ___/___/___	Type C/G	Date ___/___/___	Type C/G	Date ___/___/___	Type C/G	
Arsenic				mg/L		mg/L		mg/L		mg/L	
Barium				mg/L		mg/L		mg/L		mg/L	
Cadmium				mg/L		mg/L		mg/L		mg/L	
Chromium				mg/L		mg/L		mg/L		mg/L	
Copper				mg/L		mg/L		mg/L		mg/L	
Lead				mg/L		mg/L		mg/L		mg/L	
Mercury				mg/L		mg/L		mg/L		mg/L	
Nickel				mg/L		mg/L		mg/L		mg/L	
Silver				mg/L		mg/L		mg/L		mg/L	
Zinc				mg/L		mg/L		mg/L		mg/L	
Cyanide				mg/L		mg/L		mg/L		mg/L	
pH (units)				pH units		pH units		pH units		pH units	
Oil & Grease				mg/L		mg/L		mg/L		mg/L	
TTO's				mg/L		mg/L		mg/L		mg/L	

Waste Disposal Report Form

Pretreatment Year _____

EPA / TNRCC Generator Classification _____

December - May

EPA / TNRCC Generator Number _____

<i>Type of Waste Disposed</i>	<i>Process Generated From</i>	<i>Volume</i>	<i>Gallons / Pounds</i>
Hazardous <input type="checkbox"/>	_____	_____	_____
Non - Hazardous <input type="checkbox"/>	_____	_____	_____
Industrial <input type="checkbox"/>	_____	_____	_____
Special <input type="checkbox"/>	_____	_____	_____

<i>Name of Transporter</i> _____	<i>Disposal Site</i> _____
<i>Address of Transporter</i> _____	<i>Disposal Site Address</i> _____
_____	_____
_____	_____

<i>Type of Waste Disposed</i>	<i>Process Generated From</i>	<i>Volume</i>	<i>Gallons / Pounds</i>
Hazardous <input type="checkbox"/>	_____	_____	_____
Non - Hazardous <input type="checkbox"/>	_____	_____	_____
Industrial <input type="checkbox"/>	_____	_____	_____
Special <input type="checkbox"/>	_____	_____	_____

<i>Name of Transporter</i> _____	<i>Disposal Site</i> _____
<i>Address of Transporter</i> _____	<i>Disposal Site Address</i> _____
_____	_____
_____	_____

Waste Disposal Report Form

Pretreatment Year _____

EPA / TNRCC Generator Classification _____

June - November

EPA / TNRCC Generator Number _____

<i>Type of Waste Disposed</i>	<i>Process Generated From</i>	<i>Volume</i>	<i>Gallons / Pounds</i>
Hazardous <input type="checkbox"/>	_____	_____	_____
Non - Hazardous <input type="checkbox"/>	_____	_____	_____
Industrial <input type="checkbox"/>	_____	_____	_____
Special <input type="checkbox"/>	_____	_____	_____

<i>Name of Transporter</i> _____	<i>Disposal Site</i> _____
<i>Address of Transporter</i> _____	<i>Disposal Site Address</i> _____
_____	_____
_____	_____

<i>Type of Waste Disposed</i>	<i>Process Generated From</i>	<i>Volume</i>	<i>Gallons / Pounds</i>
Hazardous <input type="checkbox"/>	_____	_____	_____
Non - Hazardous <input type="checkbox"/>	_____	_____	_____
Industrial <input type="checkbox"/>	_____	_____	_____
Special <input type="checkbox"/>	_____	_____	_____

<i>Name of Transporter</i> _____	<i>Disposal Site</i> _____
<i>Address of Transporter</i> _____	<i>Disposal Site Address</i> _____
_____	_____
_____	_____